Effective October 1, 2001												236		
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS								RA	ΓE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		1	BASIC	FEE	•	OR	BASIC FEE	1040	
TOTAL CHARGEABLE CLAIMS			ninus 20=		· 30		1	X\$	9=		OR	X\$18=	540	
INDEPENDENT CLAIMS			minus 3 =		•		1	X4	2=		OR	X84=	0.10	
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT				]	+14	Λ <del>-</del>		OR	+280=	-	
* 15	the difference	in column 1 is	less than ze	r "0" in c	olumn 2	TO			OR	TOTAL	•			
		LAIMS AS A						.0,	76	<u>.                                    </u>		OTHER	THAN	
12	2/28/01	(Column 1)		(Column 2) (Column 3)					ALL	ENTITY	OR	SMALL	NTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM	HEST IBER OUSLY FOR	PRESENT			ΤE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 50	Minus	** .	50	=		X\$	9=		OR	X\$18=	. —	- ;
	Independent	* 3	Minus	***	3	• _	4	X4	2=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						_	+14	0=.		OR	+280=		
TOTAL											TOTAL		ľ	
	12/04			(Calu	0	(Column	3)	ADDIT	FEE		<b>]</b> • · ·	ADDIT. FEE		
AMENDMENT B	2/04	(Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT		HIGH NUM PREV	MRN 2) HEST ABER HOUSLY OFOR	PRESENT EXTRA		RA	ΤE	ADDI- TIONAL FEE		RATE	- ADDI- TIONAL FEE	
	Total	• 63	Minus	**	50	= /3		X\$	9=		OR	X\$18=	234	
	Independent	* 2	Minus	***	3	= -		X4	2=		OR	X84=		ľ
4	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	T CLAIM			+14	0=		OR	+280=		
								L	OTAL		OR		23400.	P
	1.1			/Colo	O)	Column	21	ADDIT	FEE		10	ADDIT. FEE	7.3	
AMENDMENT C	28/05	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	IMN 2) HEST JOUSLY FOR	PRESENT EXTRA	7	RA	ΤE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 61	Minus	**	63			X\$	9=		OR	X\$18=	_	l
	Independent	. 2	Minus	úńż	3	-		X4	2=	·	OR	X84=	-	1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							$\vdash$				+280=		1
	If the entry in colu		+14	U= OTAL		OR	TOTAL		ł					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.														1
	The *Highest Nur	nber Previously Pr	aid For (Total or	r Indepen	dent) is th	e highest nu	mber f	ound in	ne ap	propriate bo	ar flu Co	AUTON 1.		

oplication or Docket Number